

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In Re:)
)
Marchfirst Inc.) Bankruptcy Case No. 01-24742
)
)
Debtor)

NOTICE OF HEARING

To: Chief Civil Division
U.S. Attorney's Office
219 S. Dearborn Street
Chicago, Illinois 60604

Mr. Kenneth S. Gardner, Clerk
Attention: Financial Administrator
219 S. Dearborn Street
Chicago, Illinois 60604

United States Trustee
219 South Dearborn Street, Suite 873
Chicago, Illinois 60604

Trustee: Andrew J Maxwell, ESQ
105 West Adams Street ste 3200
Chicago, IL 60603

Please take notice that on August 8, 2013 at 10:00 A.M. (please select a date at least ten (10) business days from the date of mailing this notice) I shall bring the above motion on for hearing before Judge Bruce Black, Courtroom 719, United States Courthouse, 219 South Dearborn Street, Chicago, Illinois 60604.

/s/ David R. Herzog .
David R. Herzog
Attorney for Stephen M. Dennis Successor
In Interest To Dennis-McCain Consulting Group, Inc

CERTIFICATION

I, David R. Herzog, Attorney for Stephen M. Dennis Successor In Interest To Dennis-McCain Consulting Group, Inc, claimant, certify that the statements in the foregoing motion are true and correct.

I further certify that the motion and notice of hearing were served on the person to whom notice is given via the ECF court system and/or by depositing copies in envelopes address to them with proper postage in the United States mail on July 22, 2013.

/s/ David R. Herzog .
David R. Herzog
Attorney for Stephen M. Dennis
Successor In Interest to
Dennis-McCain Consulting Group, Inc

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In Re:)
)
Marchfirst Inc.) Bankruptcy Case No. 01-24742
)
)
Debtor)

**Motion to Withdraw Money
Under 28 U.S.C. § 2042**

Stephen M. Dennis Successor In Interest To Dennis-McCain Consulting Group, Inc, (the “claimant”), by and through its attorney David R. Herzog of Herzog & Schwartz, PC, moves this Court to order the withdrawal of moneys on deposit for the estate in the name of Dennis McCain Consulting Group, creditor, and the payment of these moneys to claimant and in support of this motion states:

1. The trustee of this estate deposited the sum of \$1,911.78 belonging to the creditor with the Clerk of Court.
2. *(Please cross out the subparagraph that does not apply)* certify that the
 - A. The claimant is the creditor in whose behalf these moneys were deposited and is entitled to the money deposited.
 - B. ~~The claimant is not the creditor but is entitled to payment of these moneys because~~ *(please state the basis for your claim to the moneys)*

(Please attach a copy of any supporting document).

3. The creditor did not receive the initial dividend check in the above case for the following reason:

The original dividend check was sent to a Dennis McCain Consulting Group. Dennis-McCain Consulting Group, Inc. is no longer an active corporation, as evidenced by Exhibit A. Stephen M. Dennis was the sole officer and owner, as evidenced by Exhibit B.

4. The creditor's current mailing address and phone number is:

Stephen M. Dennis Successor In Interest To Dennis-McCain
Consulting Group, Inc
221 A. Nesmith Ave
St Augustine, FL 32084
904) 540-1441 cell

5. Dilks & Knopik, LLC, whose tax identification number is 74-3049851, is the Attorney-in-fact for Stephen M. Dennis Successor In Interest To Dennis-McCain Consulting Group, Inc, as evidenced by the attached Power of Attorney.

Dated: July 22, 2013

/s/ David R. Herzog.
David R. Herzog, Attorney at Law
Herzog & Schwartz, PC
77 W. Washington St., Ste 1717
Chicago, IL 60602
(312) 977-1600

(i) If claimant is heir of deceased creditor, attach copies of death certificate and heirship order of court.
(ii) If claimant is assignee of creditor, attach copy of assignment.
(iii) If claimant is corporate successor of creditor, attach copies of all documents demonstrating such status.
(iv) If claimant is an agent of creditor for purposes of filing this application, attach a copy of the agency agreement
(v) Attach other documents showing entitlement should none of the foregoing apply.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Division

RE: Marchfirst Inc.

Case: 01bk24742

AUTHORITY TO ACT
Limited Power of Attorney
LIMITED TO ONE TRANSACTION

USED ONLY TO COLLECT FUNDS FROM THE ABOVE REFERENCED CASE

1. Stephen M. Dennis successor in interest to Dennis McCain Consulting Group ("CLIENT"), appoints Dilks & Knopik, LLC ("D&K"), as its lawful attorney in fact for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of \$1,911.78 (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority.
2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT.
3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent.
4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original.

X

Stephen M. Dennis

3/11, 20 13
Date

Tax ID: XXX-XX- 9213

ACKNOWLEDGMENT

STATE OF Florida COUNTY OF Putnam

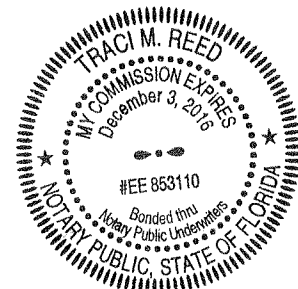
On this 11 day of March, 2013, before me, the undersigned Notary Public in and for the said County and State, personally appeared (name) Stephen M. Dennis known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned.

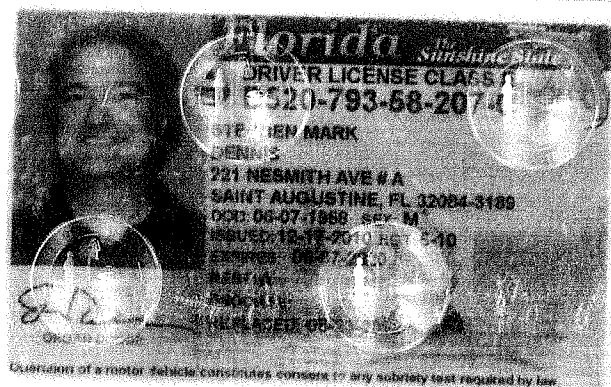
WITNESS my hand and official seal.

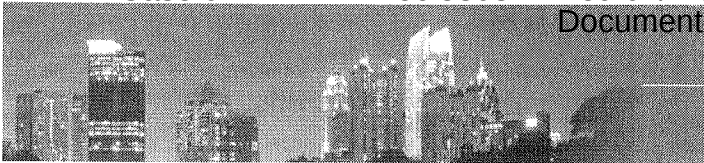
NOTARY PUBLIC Traci M. Reed

Residing at 4083 Reid St. Palatka, FL 32177

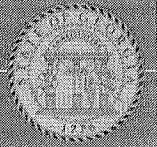
My Commission expires 12/3/16







Georgia

Secretary of State
Corporations Division[Home](#)[Edit Account](#) | [Log Out](#)**DENNIS-MCCAIN CONSULTING GROUP, INC. Control Number: 0033217**[Main](#) [Reports](#) [Officers](#) [Filing History](#)**Entity Info****Entity Id** 33217**Key Indicators****Model Type** Corporation**Locale** Foreign**Qualifier** For-Profit**Business Name** DENNIS-MCCAIN CONSULTING GROUP, INC.**Registration Date** 7/24/2000**Entity Status** Automated Administrative dissolution/Revocation**Foreign Name****Date of Organization****State** Tennessee**Country****Principal Office Address**

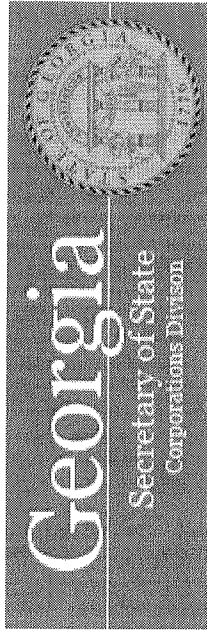
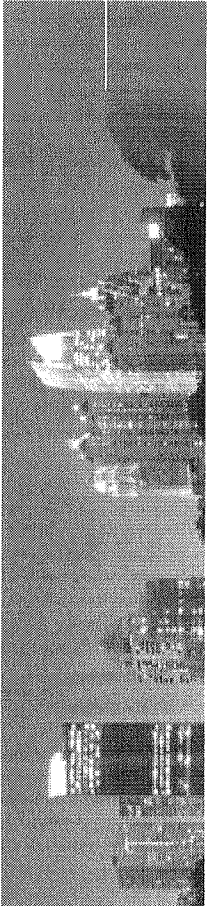
PRINCIPAL

Line1 5675 ROSWELL RD NE APT 50B**Line2****City** ATLANTA **State** Georgia **Zip** 30342-1230**Agent****Is non-commercial Registered Agent?** Yes**Name** STEVE DENNIS**Address****Line1** 5675 ROSWELL RD. #50B**Line2****City** ATLANTA **State** Georgia **Zip** 30342**Email****Previous Names**

Name Changed From	Name Changed To	Surviving Entity Id	Cancelled Entity Id	Effective Date	Due Date	File Number	Actions
-------------------	-----------------	---------------------	---------------------	----------------	----------	-------------	---------

No Miscellaneous Filings were found.

Exhibit A



[Home](#)

DENNIS-MCCAIN CONSULTING GROUP, INC. Control Number: 0033217

[Main](#) [Reports](#) [Officers](#) [Filing History](#)

Officers

Name	Address	Executing Officer	File Number	Actions
DENNIS, STEVE	5675 ROSWELL RD 50 B ATLANTA, GA 30342	Is Executing Officer?: Yes Executing Officer Type: Secretary	0033217	View
DENNIS, STEVE	5675 ROSWELL RD. ATLANTA, GA 30342	Is Executing Officer?: Yes Executing Officer Type: CEO	0033217	View
DENNIS, STEVE	5675 ROSWELL RD. ATLANTA, GA 30342	Is Executing Officer?: Yes Executing Officer Type: CFO	0033217	View

Exhibit B

AO 213
(Rev. 06/12)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

Sensitive Information
VENDOR INFORMATION/TIN CERTIFICATION

☐ Ex-AO Employee
☐ SAM Vendor
(Formerly CCR)
(No TIN Certification Required)

Vendor Address Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name: Stephen M. Dennis	Address: 35308 SE Center St.
Business Name: Dennis McCain Consulting Group (if different from above)	City: Snoqualmie
Address 1: 221 A. Nesmith Ave	State: WA Zip Code: 98065
Address 2:	Telephone #: (425) 836-5728
City: St Augustine	Description: Dilks & Knopik LLC (If needed)
State: FL Zip Code: 32084	
Taxpayer Identification #: 400-94-9213 (TIN, SS, or EIN number)	
DUNS # N/A	
Financial Information (If Requested)	
Bank Name: N/A	Routing # (this nine digit number appears on your checks, but do not include individual check numbers): 0
City: N/A	Account #: N/A
State: N/A Zip Code: 00000	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- ☐ sole proprietorship; ☐ partnership;
☐ corporate entity (not tax-exempt); ☐ corporate entity (tax-exempt);
☐ health care provider; ☒ other: N/A
☐ government entity (write in either federal, state or local)

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

AO 213
(Rev. 06/12)

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

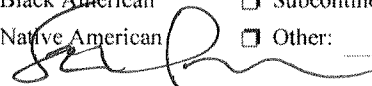
- ☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ☐ The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- ☐ Women Owned Business ☒ Not Applicable
- ☐ Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
- ☐ Asian-Pacific American ☐ Black American ☐ Subcontinent Asian (Asian-Indian) American
- ☐ Hispanic American ☐ Native American ☐ Other: _____

X Date: 3/11/13

X 
Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: _____ (make entry only if change)
☐ Active ☐ Inactive ☐ Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: _____
Telephone Number: _____ Email: _____

Identification of person making this request:

Name: _____
Telephone Number: _____ Originating Office: _____

Please type or print clearly. For "AO" FAS4T Users only, e-mail the completed form to: AODB-OFB-Client-Service-Desk/DCA/AO/USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242.
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.